

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90030 008 ****61.25

DOCUMENT # N96000002130

1. Entity Name
 EDWARD W. PENNO AUXILIARY TO POST NO. 4864
 LADIES AUXILIARY TO THE VETERANS OF FOREIGN
 WARS OF T



40013185



Principal Place of Business
 10199 NORTH CITRUS SPRINGS BLVD.
 CITRUS SPRINGS, FL 34434

Mailing Address
 10199 NORTH CITRUS SPRINGS BLVD.
 CITRUS SPRINGS, FL 34434

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2441603

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DRISKILL, GRACE M
 9140 N HAMMOND WAY
 CITRUS SPRINGS, FL 34434

7. Name and Address of New Registered Agent
 Name CAROLE J. WAGNER
 Street Address (P.O. Box Number is Not Acceptable)
 579 W. GRAPEWOOD LANE
 City CITRUS SPRINGS, FL Zip Code 34434

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent/ or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (CAROLE J. WAGNER, TREASURER 1/23/08)
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> Delete
NAME	ZIECH, FAY	
STREET ADDRESS	8750 W ERIC DR	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARKS, JENNIE	
STREET ADDRESS	2298 W TEE CIRCLE	
CITY-ST-ZIP	CITRUS SPRINGS, FL 344344924	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KIMMERLING, BETTY	
STREET ADDRESS	11375 N. DEROSA TER	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	S	<input type="checkbox"/> Delete
NAME	TATLOCK, ANDREA	
STREET ADDRESS	75 W KENTWOOD PL	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DRISKILL, GRACE M	
STREET ADDRESS	9140 N HAMMOND WAY	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FINDLAY, CAROL	
STREET ADDRESS	8750 N ELKAM BLVD	
CITY-ST-ZIP	CITRUS SPRINGS, FL 344348119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, CAROLE J	
STREET ADDRESS	579 W. GRAPEWOOD LANE	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY ZIECH	
STREET ADDRESS	8750 W. ERIC DRIVE	
CITY-ST-ZIP	CITRUS SPRING, FL 34434	
TITLE	V-KIMMERLING, BETTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMERLING, BETTY	
STREET ADDRESS	11375 N. DEROSA TER.	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATLOCK, ANDREA	
STREET ADDRESS	75 W. KENTWOOD PL	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLAY, CAROL	
STREET ADDRESS	8750 N. ELKAM	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* (CAROLE J. WAGNER - TREASURER) 1/23/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-489-7056

ATTACHMENT

40013185

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number N96000002130

Business Entity Name EDWARD W. PENNO AUXILIARY TO POST NO. 4864 LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

FEI Number 59 - 2441603

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 10199 NORTH CITRUS SPRINGS BLVD. (PO Box not acceptable)

Suite, Apt. #, etc.

City, State CITRUS SPRINGS , FL

Zip Code & Country 34434

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

Mailing address same as principal address

Address 10199 NORTH CITRUS SPRINGS BLVD.

Suite, Apt. #, etc.

City, State CITRUS SPRINGS , FL

Zip Code & Country 34434

Name And Address of Registered Agent

Name (Last, First, Middle, Title) WAGNER , CAROLE , J , TREASR

- OR -

Business to serve as RA

ATTACHMENT 40013185

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Street Address In Florida 579 W. GRAPEWOOD LANE (PO Box not acceptable)
 Suite, Apt. #, etc.
 City, State CITRUS SPRINGS, FL
 Zip Code & Country 34434 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title SECR
 Name (Last, First, Middle, Title) ZIECH, FAY
 - OR -

Entity Name to serve as Officer/Director

Street Address 2465 W. ERIC DRIVE
 City, State CITRUS SPRINGS, FL
 Zip Code & Country 34434 US

Name And Address #2

Title PRES
 Name (Last, First, Middle, Title) PARKS, JENNIE
 - OR -

Entity Name to serve as Officer/Director

Street Address 2298 W TEE CIRCLE
 City, State CITRUS SPRINGS, FL
 Zip Code & Country 34434 US

Name And Address #3

Title SVP

ATTACHMENT

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ANDREA

Name (Last, First, Middle, Title) TATLOCK

- OR -

Entity Name to serve as Officer/Director

Street Address 75 W. KENWTWOOD PLACE

City, State CITRUS SPRINGS, FL

Zip Code & Country 34434 US

Name And Address #4

Title JVP

Name (Last, First, Middle, Title) RYLL-POWELL, DONNA

- OR -

Entity Name to serve as Officer/Director

Street Address 10111 N. ALDEN WAY

City, State CITRUS SPRINGS, FL

Zip Code & Country 34434 US

Name And Address #5

Title TRST

Name (Last, First, Middle, Title) FINDLAY, CAROL, M

- OR -

Entity Name to serve as Officer/Director

Street Address 8750 N. ELKCAM BLVD.

City, State CITRUS SPRINGS, FL

Zip Code & Country 34434 US

Name And Address #6

Title COND

Name (Last, First, Middle, Title) KIMMERLING, ELIZABETH

- OR -

Entity Name to serve as Officer/Director

Street Address 11375 N. DE ROSA TERRACE

ATTACHMENT

40013185

196000002130

City, State

DUNNELLON

FL

Zip Code & Country

34433 US

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

TREA

Officer/Director Signature

[Handwritten Signature]
Treasurer

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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